

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010480

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2ndRegistrar's No. 505

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

SPRINGFIELD

Length of stay in 1b

69 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

D.O.A. ST. JOHN'S HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

admission)

c. CITY

OR
TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1000 KINGSBURY

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARK

Middle

EDWIN

Last

DODSON

4. DATE

OF
DEATH

Month

MARCH

Day

27

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/7/93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

G.M.C.

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOSEPH DODSON

13b. MOTHER'S MAIDEN NAME

MAUDE MACK

14. NAME OF HUSBAND OR WIFE

GLADYS DODSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

6

17. INFORMANT

Address

GLADYS DODSON, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN

ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

UNATTENDED BY A PHYSICIAN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II at item 18)

Deceased and wife were driving on Glenstone South

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

when deceased complained of being deathly ill, he just slumped over on wheel.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at 5 P.M.

and last saw her alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/29/62

23c. NAME OF CEMETERY OR CREMATOR

ST. MARY'S CEM.

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

3-29-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embelmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

F.T. H. Doublet
USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10397

20397

3

4 0

5 1

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97954

10

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1292-0

13

Permit record 3-27-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RL McCann

Licensed Embalmer No. 2727

P. O. Address Spfld

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.